

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4451  
State File No. 32629

1910  
3  
OCT 10 1952

BIRTH NO. _____		REG. DIST. NO. <u>301</u>		PRIMARY REG. DIST. NO. <u>60471</u>		Registrar's No. <u>318</u>	
1. PLACE OF DEATH a. COUNTY <u>Ripley</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Ripley</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Naylor</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Thomas</u>		0910	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Br. White's Office</u>				d. STREET ADDRESS (If rural, give location) <u>Naylor RFD 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Dorothy</u>		b. (Middle) <u>Irene</u>		c. (Last) <u>Price</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6, 1952</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 21, 1911</u>	
9. AGE (in years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Clay Co. Ark.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ben Murdock</u>		13b. MOTHER'S MAIDEN NAME <u>Cora Ponds</u>		14. NAME OF HUSBAND OR WIFE <u>Oral Price</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Oral Price Naylor, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>Secondary Bicuspid</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>591x</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>9-1</u> , 19 <u>52</u> , to <u>9-1</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9-1</u> , 19 <u>52</u> , and that death occurred at <u>8:30 Pm.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. M. Johnston, M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Naylor, Ripley, Mo.</u>		23c. DATE SIGNED <u>9/10/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 9, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Poynor</u>		24d. LOCATION (City, town, or county) (State) <u>Poynor, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>9-20-52</u>		REGISTRAR'S SIGNATURE <u>W. M. Johnston</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gish Funeral Home Naylor, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Bryan McCard*

Licensed Embalmer No. *4079*

P. O. Address *May 1st, 1910*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.